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Communique'

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REGIONAL TEACHER TRAINING PROGRAM

The OPI HIV/AIDS/STD Education Program's regional teacher training program is in its fourth year of providing trainings to Montana educators. The teacher training program involves 20 trainers located throughout the state available to conduct five-to-six hour HIV/AIDS/STD education training workshops and short AIDS awareness community presentations. The trainings consist of teaching strategies and classroom activities in HIV/AIDS/STD education and Health Enhancement, technical and medical aspects of HIV as a disease, policy and policymaking procedures, universal precautions and body fluid clean-up, and resources and materials.

For more information on hosting a workshop or attending a workshop in your area, please contact the OPI HIV/AIDS/STD Education Program.

SCHOOL STAFF PROTECTION FROM BLOOD-BORNE DISEASES

The U.S. Occupational Safety and Health Administration (OSHA) has adopted standards to help protect workers from on-the-job exposure to and potential infection with blood-borne pathogens such as hepatitis B virus (HBV) and human immunodeficiency virus (HIV). The OSHA standards do not apply to public employers or employees working in facilities operated by cities, counties or states. Public schools are included in the definitions of public facilities and, therefore, are not subject to OSHA regulations. However, Montana will likely adopt the federal OSHA standards for blood-borne pathogens in the near future. When this occurs, schools will be subject to the state regulations.

Schools planning to voluntarily initiate a protection program or preparing for eventual required compliance with anticipated state standards regarding blood-borne diseases should know that:

- Employees who are designated, as part of their routine job classification duties, as providers of first aid (e.g., coaches, trainers, playground attendants) will be covered by the blood-borne pathogen regulations. These employees need information, training, personal protective equipment, and hepatitis B vaccinations. Employers are to cover the costs of providing these items.
- Employees who may render first aid to injured employees or students but who are not designated, as part of their routine duties, to provide first aid (i.e., "good samaritans") will not be covered under the blood-borne pathogen regulations.

For more information, contact the Montana Office of OSHA (800-488-7087) or the MDHES Occupational and Radiological Health Bureau (444-3671).

HIV TRANSMISSION IN HOUSEHOLD SETTINGS

In a report to be published in the December 16, 1993, issue of the *New England Journal of Medicine*, investigators from the University of Medicine and Dentistry of New Jersey and the Centers for Disease Control and Prevention (CDC) describe a young child (child 2) who became infected with HIV from another young child (child 1) who was living in the same household. Transmission most likely involved exposure of the skin or mucous membranes of child 2 to child 1's HIV-infected blood; opportunities for transmission occurred due to child 1's frequent nosebleeds, bleeding from the mouth, and a laceration.

In another case to be reported in the CDC's *Morbidity and Mortality Weekly Report*, an adolescent with hemophilia became infected with HIV from his older brother, an HIV-infected hemophiliac. Transmission most likely involved exposure of the younger brother to the HIV-infected blood of the older one when the two brothers shared the same razor, and both cut themselves with it.

It is strongly emphasized by the CDC that transmission in the household setting is extremely rare. Nevertheless, to prevent even such rare occurrences, the standard recommended precautions should be taken in all settings—including the home—to prevent exposure to the blood of persons who are HIV-infected, at risk for HIV infection, or whose infection and risk status is unknown.

It is also stressed by the CDC that rare cases as these should be viewed in perspective. The vast majority of HIV infections are acquired through the well-recognized routes—through unprotected sex, contaminated needles or from mother to child. Being knowledgeable of transmission risk and using the established precautions are recommended.

RESOURCE MATERIALS REVIEW

Each issue of the *Communique* includes a section on resource materials that have been reviewed by a Montana educator and will contain a short synopsis on the materials. The materials are valuable to Montana administrators, educators and school nurses for use in HIV/AIDS education and in comprehensive school health education. This issue's reviews:

VALUES CLARIFICATION IN SEXUALITY EDUCATION: DYNAMIC UTILIZATION OF THE ALLIGATOR RIVER STORY, Robert F. Valois, Journal of Health Education, May/June 1993, Vol. 24, No. 3, 184-185.

Every issue of this journal offers an excellent teaching idea. This one is for teachers of high school students in the context of a comprehensive school health education curriculum. Using the story and format outlined in the article, the teacher may assist students to relate his/her learning to the various problems that are encountered in everyday living. This exercise explores valuing, problem solving, decision making, and the analytical skills that are used in making healthy lifestyle decisions.

IMPLEMENTING A SCHOOL-BASED STD/HIV PREVENTION INTERVENTION: COLLABORATION BETWEEN A UNIVERSITY MEDICAL CENTER AND AN URBAN SCHOOL DISTRICT, William Molbert, Cherrie B. Boyer, Mary-Ann B. Shafer, Journal of School Health, August 1993, Vol. 63, No. 6, 258-261.

The title of this article says it all. Although in Montana we may not use a university medical center as our partner in collaborating to provide STD/HIV education to a teenage population, there is much good information in this article that could be adapted to apply to our situation. Because of limited budgets and reduced staff in many of our schools, using innovative methods to provide STD/HIV education becomes necessary. This article gives the reader many good ideas.

GUIDE FOR LOCATING INFORMATION ABOUT HIV/AIDS

A four-page "Guide for Locating Information about HIV/AIDS" is available from the CDC National AIDS Clearinghouse. It is intended for use by students at all levels--elementary school through college. For a copy, write to: CDC National AIDS Clearinghouse, P.O. Box 6003, Rockville, MD 20849-6003.

CDC FAX INFORMATION SERVICE

The Centers for Disease Control (CDC) provide a FAX information service to the public. The service contains short, informative paragraphs regarding various bacterial and viral diseases, including HIV and hepatitis B.

To access the service, call (404)332-4565 and follow the prompts. To receive a menu of the available documents, choose option #1, and when requested, enter 000004 and then the #key.

NEW PUBLICATION FROM PRENTICE HALL

"Substance Abuse Prevention Activities for Secondary Students" contains over 190 ready-to-use lessons intended to build self-esteem, develop interpersonal skills, and help students say "No" to drugs and "Yes" to a healthy lifestyle. According to the publisher, each lesson and activity is complete and ready for immediate use and includes 180 reproducibles. The cost is $27.95 plus applicable tax, postage, and handling.

Prentice Hall is offering a 15-day free examination of this book. The book is ordered by phone, fax or mail: Prentice Hall, Order Processing Department, P.O Box 11071, Des Moines, IA 50381-1071, (800)288-4745 (phone), (515)284-2607 (fax). Please refer to item number 87670-6.

STATISTICAL BRIEFS

- Every morning as we wake up, 100,000 American children wake up homeless.
- Every 64 seconds, a baby is born to a teenage mother.
- Every 13 hours, an American preschooler is murdered.
- Roughly 20 percent of people with AIDS were infected in their teens.
- A 22-year study found that children who watched and preferred television violence at age 8 were more likely to be involved in a violent crime such as murder, assault or child or spouse abuse at age 30.

MONTANA RESIDENT & NON-RESIDENT AIDS CASES*

1. Disease Category	Adult/Adolescent Cases	(%)	Deaths	(%)	Pediatric Cases	(%)	Deaths	(%)	Total Cases	(%)	Deaths	(%)
TOTAL	**193**	**(100)**	**127**	**(66)**	**3**	**(100)**	**2**	**(100)**	**196**	**(100)**	**129**	**(66)**

2. Age	Cases	(%)
Under 13	3	(1)
13-19	2	(1)
20-29	47	(24)
30-39	91	(47)
40-49	37	(19)
Over 49	16	(8)
Unknown	0	(0)
TOTAL	**196**	**(100)**

3. Race/Ethnicity	Adult/Adolescent Cases	(%)	Pediatric Cases	(%)	Total Cases	(%)
White, not hispanic	171	(89)	1	(0)	172	(88)
Black, not hispanic	3	(1)	0	(0)	3	(1)
Hispanic	8	(4)	0	(0)	8	(4)
Native American	11	(6)	2	(100)	13	(7)
Unknown	0	(0)	0	(0)	0	(0)
TOTAL	**193**	**(100)**	**3**	**(100)**	**196**	**(100)**

Adult/Adolescent

Exposure Category	Males	(%)	Females	(%)	Total	(%)
Men Who Have Sex With Men	115	(65)	0	(0)	115	(60)
Intravenous (IV) Drug User	21	(12)	1	(6)	22	(11)
Homo/Bi IV Drug User	22	(13)	0	(0)	22	(11)
Hemophiliac	7	(4)	0	(0)	7	(4)
Heterosexual Contact	3	(2)	11	(63)	14	(7)
Transfusion with blood/products	2	(1)	4	(25)	6	(3)
None of the above/other	6	(3)	1	(6)	7	(4)
TOTAL	**176**	**(100)**	**17**	**(100)**	**193**	**(100)**

Pediatric

	Males	(%)	Females	(%)	Total	(%)
Hemophiliac	0	(0)	0	(0)	0	(0)
Parent at risk/has AIDS/HIV	2	(100)	1	(100)	3	(100)
Transfusion with blood/products	0	(0)	0	(0)	0	(0)
None of the above/other	0	(0)	0	(0)	0	(0)
TOTAL	**2**	**(100)**	**1**	**(100)**	**3**	**(100)**

Source: **Montana AIDS/STD Program, MDHES, through November 30, 1993.**
*Includes 137 Montana AIDS cases and 59 cases reported to Centers for Disease Control from other states and who have moved to Montana.
As of November 30, 1993, there have been 419 cumulative positive HIV tests from 54,735 tests conducted through the MDHES Public Health Laboratory since 1985.
Nationally, as of September 30, 1993, 339,250 cases of AIDS and 204,390 deaths have been reported to the Centers for Disease Control.

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